



New York State COUNCIL OF CHURCHES

APPLICATION

2017 Annual High School Youth Leadership Forum
February 20-22, 2017

Student Information

Name of student: _____

Address: _____

Email: _____

Phone

Home: _____ Cell: _____ Grade level: 9 10 11 12

Church: _____

Parent Information

Name(s): _____

Address: _____

Email: _____ Phone: _____

My signature below represents my consent for my child (named above) to participate in this trip. I/we have included a \$50 non-refundable deposit to reserve my child's spot. I understand that the total cost for the program is \$400 and our deposit can only be refunded if space limitations prevent my child from participating this year.

Signature of Parent: _____

Date: _____

*Please return completed applications by **December 1, 2016**. Please make check payable to the **New York State Council of Churches**, and mail to: Christy D'Ambrosio, First Presbyterian Church, 362 State Street, Albany, New York 12210.*

For more info, contact Christy at christy@firstpresalbany.org or 518-423-4763